		AND HUMAN SERVICES & MEDICAID SERVICES	45 ^t	4/28/12	PRINTED: 08/20/201 FORM APPROVE OMB NO. 0938-039	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDII	IPLE CONSTRUCTION 43 81 - MAIN	(X3) DATE SURVEY COMPLETED	
445502			B. WING _	8. W/NG D8/		
1	ROVIDER OR SUPPLIER AN CARÉ CENTER O	FRUTHERFORD COUNTY LLC	1	REET ADDRESS, CYTY, STATE, ZIP CODE 102 ENON SPRINGS ROAD EAST SMYRNA, TN 37167		
(X4) ID PREFIX TAG			PREFIX TAG	PROVIDER'S PLAN OF CORREC (BACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULO SE COMPLÉTION	
K 029 86≃E	NFPA 101 LIFE SA	FETY CODE STANDARD	K 029	K 029		
	fire-rated doors) or extinguishing system and/or 19.3.5.4 profite approved automoption is used, the cother spaces by sm doors. Doors are stilled-applied protect	construction (with % hour an approved automatic fire in accordance with 8.4.1 ects hazardous areas. When estic fire extinguishing system areas are separated from oke resisting partitions and elf-closing and non-rated or we plates that do not exceed bottom of the door are		Christian Care Center of Rutherfor County believes its current practivere in compliance with the apparament of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions: Corrective Actions for Targeted Residents	ices olicable	
	Sased on observati	s not met as evidenced by: on, it was determined the ide one hour fire rated		On 8/17/12, the Maintenance Diseased the penetration in the bol room with fire caulk that would the passage of smoke with rating to the partition.	iler resist	
	The finding included	Ŀ		Identification of Other Residents Potential to be Affected	<u>with</u>	
	11:56 AM, revealed This finding was act administrator and ye	rifled by the maintenance		The Maintenance Director inspects smoke barrier walls on 8/23/12, determined that no other penetrin the smoke barrier wall existed	and ations	
K 064	NFPA 101 LIFE SAL	xit conference on 8/12/12. ETY CODE STANDARD	K 084	Systematic Changes		
SS=E	Portable fire extingu	ishers are provided in all cles in accordance with		The facility will require any inten- external contractor/laborer to ac the Maintenance Director or Administrator prior to working or smoke barrier wall and will be re to seal penetrations as work prod	ivise n any quired	
ABORATORY	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE 8 8100	ATURE	THE		

Any desiciency statement ending with an asteriak (*) denotes a desiciency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a pleat of correction is provided. For nursing homes, the above findings and pleats of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCES AND PLAN OF GORRECTION IDENTIFICATION NUMBER:		& MEDICAID SERVICES (XI) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(XS) DATE	OMB NO. 0938-039 (XS) DATE SURVEY COMPLETED	
		A BUILD B. WING	- 1 - 11/3Ug	- Contraction	WARFACTED .		
VAME OF PROVIDER OR SUPPLIER					<u>08</u> /	08/13/2012	
		F RUTHERFORD COUNTY LLC	8	TREET ADDRESS, CITY, STATE, ZIP CO 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167	ÓDE		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FIE!		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETION CATE	
K 084	This STANDARD II	The Maintenance Director and extern contractors and laborers are required use fire caulk that meets ASTM E-814, UL 1479, and CAN/ULC S115, and will have an equal or greater fire rating the the wall.		required to TM E-814, i, and will			
SS=F	Observation of the AM, revealed the fir the exit door when of This finding was act administrator and ve director during the e NFPA 101 LIFE SAI Cooking facilities are	itchen on 8/12/12 at 11:10 extinguisher was blocked by pen.	К 0 8 9	Monitoring Findings of quarterly smoke inspections will be reported Maintenance Director to the Performance Improvement of the Improvement Committee co Administrator, Director of Nassistant Director of Nursing Coordinator, Medical Record	by the committee e unsists of the ursing, , MDS		
	This STANDARD is Based on observation facility failed to prote The findings included 1. Observation of the	not met as evidenced by: ons, it was determined the of the cooking facilities. it kitchen on 8/12/12 at 11:00 bood filters and greene		Maintenance Director, Social Director, Dietary Manager, Housekeeping/Laundry Director, Business Manager, HR Manager, Mediand Consultant Pharmacist. Recommendations to be foliothe facility's Maintenance Director, Social Administrator to assure complete in the facility's Maintenance Director of the facility's Maintenance Director of the facility's Maintenance Complete in the facility's Maintenance Office in the facility's Maintenance Complete in the facility's Maintenance Office in the facility's Maintenance Office in the facility is Maintenance Office in the facility in the facility is Maintenance Office in the facility is Maintenance Office in the facility is the facility in the facility in the facility is the facility in the facility in the facility is the facility in the facility in the facility is the facility in the facility in the facility is the facility in the facility in the facility is the facility in the facility in the facility is the facility in the facility in the facility is the facility in the facility in the facility is the facility in the facility in the facility is the facility in the facility in the facility is the facility in the facility in the facility is the facility in the facility in the facility in the facility is the facility in th	ctor, Office Ical Director owed up by rector and	9/15/12	
	2. Observation of the AM, revealed grease	kitchen on 8/12/12 at 11:05 build up in the main oven.				,	
	administrator and ver director du <i>t</i> ing the ex	acknowledged by the iffed by the maintenance it conference on 8/12/12. ETY CODE STANDARD	K 076				

		E & MEDICAID SERVICES	<u> </u>		OMB NO	APPROVE <u>. 0938-03</u> 9
IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILO	TIPLE CONSTRUCTION ING 01 - INAIN	(XS) DATE SURVEY COMPLETED	
		B. WING		08/13/2012		
	ROVIDER OR SUPPLIER	OF RUTHERFORD COUNTY LLC		TREET ADDRESS, CITY, STATE, ZIP CO 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167		3/20/12
(X4) ID PREFIX TAG	(EACH DEFICIENT	Y MIRT BE PRECEDED BY FULL	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REPERENCED TO THE DEFICIENCY)	N SONATION DE	COMPLETIO DATE
K 064	Continued From p	age 1	K 064	K 064	<u> </u>	
K 069 SS≅F	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING SHORMATION) O64 Continued From page 1 This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to provide fire extinguishers as required. The finding included: Observation of the kitchen on 8/12/12 at 11:10 AM, revealed the fire extinguisher was blocked by the exit door when open. This finding was acknowledged by the administrator and verified by the maintenance director during the exit conference on 8/12/12, NFPA 101 LIFE SAFETY CODE STANDARD		к реэ	by the exit door when it is on identification of Other Reside Potential to be Affected On 8/23/12, the Maintenance reviewed the locations of the extinguishers in the building that they cannot be blocked. Systematic Changes The Maintenance Director will with the contracted fire extinguishers and proper placement of fire extinguishers and record finding their graphs.	Rutherford ent practices in the applicable order to from the taking the ons: argeted mance Director uisher in the onger blocked is opened. esidents with mance Director f the fire ling to ensure ked. or will consult extinguisher mual inspection ire	
[0	lirector during the e	erified by the maintenance exit conference on 8/12/12. FETY CODE STANDARD	K 076	quality assurance study.	Battle	

<u> </u>	RS FUH MEDICARE	& MEDICAID SERVICES			PURI	APPRO
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		OF DEFICIENCIFS 1991 OPOLEDBOOK COMMISSION		TIPLE CONSTRUCTION ING D1 - MAIN	OMB NO. 0838-0 039 DATE SURVEY COMPLETED	
		445502	e. Wing			
MAME OF	PROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CO	08/	13/2012
CHRIST		RUTHERFORD COUNTY LLC	- 1	202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167	DE	
OXI) ID PREFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCEO TO THE DEPICIENCY)	OUALDE DE	(CS) COMPLEY DATE
K 064	Continued From per	ge 1	K 064	Menitoring	· · · · · · · · · · · · · · · · · · ·	<u> </u>
K 069 SS=F	facility failed to provi facility failed to provi required. The finding included Observation of the k AM, revealed the first the exit door when of This finding was ack administrator and verification during the exit NFPA 101 LIFE SAF Cooking facilities are with 9.2.3. 19.3.2.6	lichen on 8/12/12 at 11:10 extinguisher was blocked by pen. Incoviedged by the infied by the maintenance til conference on 8/12/12. ETY GODE STANDARD protected in accordance 5, NFPA 96	K 0 6 9	Findings of the quality assurated will be reported by the Main Director to the Performance Improvement Committee and review. The Performance Commists of the Administrator of Nursing, Assistant Director MDS Coordinator, Medical Redirector, Maintenance Direct Services Director, Dietary Maintenance Direct Activities Director, Business Commission, HR Manager, Medicand Consultant Pharmacist, Recommendations to be foliothe facility's Maintenance Director, Administrator to assure compared to the facility's Maintenance Director, Administrator to assure compared to the facility's Maintenance Director, Administrator to assure compared to the facility's Maintenance Director, Administrator to assure compared to the facility's Maintenance Director, Administrator to assure compared to the facility's Maintenance Director, Administrator to assure compared to the facility's Maintenance Director, Administrator to assure compared to the facility of the facility o	tenance nually for mmittee , Director of Nursing, ecords or, Social nager, tor, Office cal Director wed up by ector and	9/15/12
	facility failed to protect The findings included 1. Observation of the	kitchen on 8/12/12 at 11:00		 <u>K 069</u>		
-	 Óbservation of the AM, revealed grease in These findings were a administrator and veri 	kitchen on 8/12/12 at 11:05 build up in the main oven, cknowledged by the fied by the maintenance conference on 8/12/12		Christian Care Center of Ruthe County believes its current pra were in compliance with the apstandard of care, but in order trespond to this citation from the surveyors, the facility is taking	ctices opiicable o	

PRINTED: 08/20/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (XS) DATE SURVEY COMPLETED A. BEILLOUNG 01 - MAIN B. WING 445502 08/13/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENDN SPRINGS ROAD EAST CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC **SMYRNA, TN 37167** SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX COMPLETION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY K 084 Continued From page 1 Corrective Actions for Targeted K 064 Residents This STANDARD is not met as evidenced by: On 8/13/12, the Dietary Manager Based on observation it was determined the facility failed to provide fire extinguishers as thoroughly cleaned the hood filters. required. hood wall guard and main oven removing all grease residue, The finding Included: Identification of Other Residents with Observation of the kitchen on 8/12/12 at 11:10 Potential to be Affected AM, revealed the fire extinguisher was blocked by the exit door when open. The Dietary Manager, assisted by the Registered Dietician, completed a This finding was acknowledged by the sanitation cleaning audit and inspected administrator and verified by the maintenance other cooking equipment on 8/12/12 director during the exit conference on 8/12/12. and determined that no other K 069 NFPA 101 LIFE SAFETY CODE STANDARD K 069 equipment had a grease residue SS=F Cooking facilities are protected in accordance bulldup. with 9.2.3. 19.3.2.6. NFPA 98 Systematic Changes This STANDARD is not met as evidenced by: A cleaning schedule has been developed Based on observations, it was determined the by the Registered Dietician. Dietary facility failed to protect the cooking facilities. staff will be in-serviced on 8/30/12 by The findings included: the Dietary Manager, with the assistance of the Registered Dietician, 1. Observation of the kitchen on 8/12/12 at 11:00 on proper cleaning methods and time AM, revealed greasy hood filters and grease frames to prevent grease buildup. The running down the back guard. hood filters, wall guard, and oven will be 2. Observation of the kilchen on 8/12/12 at 11:05 cleaned weekly by the Dietary staff. AM, revealed grease build up in the main oven. These findings were acknowledged by the administrator and verified by the maintenance director during the exit conference on 8/12/12. NFPA 101 LIFE SAFETY CODE STANDARD K 076 K 076 SS∓E

PRINTED: 08/20/2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA (XX) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN B. WHG. 445502 08/13/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC **6MYRNA, TN 37167** PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF CERCIENCIES (X4) ID PREFIX (X6) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX DATE DEFICIENCY) K 084 Continued From page 1 K 084 Monitoring Visual checks by the Dietary Manager This STANDARD is not met as evidenced by: and Administrator will be made weekly. Based on observation it was determined the The Registered Dietician will complete a facility failed to provide fire extinguishers as sanitation checklist every two weeks for required. the next two months. Results will be The finding included: reported to the facility's Performance Improvement Committee, which Observation of the kitchen on 8/12/12 at 11:10 consists of the Administrator, , Director AM, revealed the fire extinguisher was blocked by of Nursing, Assistant Director of Nursing, the exit door when open. MDS Coordinator, Medical Records This finding was acknowledged by the Director, Maintenance Director, Social administrator and verified by the maintenance Services Director, Dietary Manager, director during the exit conference on 8/12/12. Housekeeping/Laundry Director, K 069 NFPA 101 LIFE SAFETY CODE STANDARD K 069 Activities Director, Business Office SS=F Manager, HR Manager, Medical Director Cooking facilities are protected in accordance and Consultant Pharmadst. with 9.2.3. 19.3.2.6, NFPA 96 Recommendations to be followed up by the facility's Dietary Manager, This STANDARD is not met as evidenced by: Administrator, and Registered Dietician Based on observations, it was determined the to assure compliance. 9/35/12 facility falled to protect the cooking facilities. The findings included: Observation of the kitchen on 8/12/12 at 11:00 AM, revealed greasy hood filters and grease running down the back guard. 2. Observation of the kitchen on 8/12/12 at 11:05 AM, revealed grease build up in the main oven. These findings were acknowledged by the administrator and verified by the maintenance director during the exit conference on 8/12/12. K 076 NFPA 101 LIFE SAFETY CODE STANDARD K 076 88=E

FORM CMS-2667(02-99) Previous Versions Obsolete

Event ID: DTG721

Facility ID: TN7609

If continuation sheet Page 2d of 3

OEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 08/20/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IOENTIFICATION NUMBER:		oc) Mailtiple Construction A Building of - Main		(X3) DATE SURVEY COMPLETED	
		445502	B. WI	WING		08/13/2012	
NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37187				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING IMPORMATION)		ID PREF TAG		FROWDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP OEFICIENCY)	XULO BE	COMPLESION DATE
K 076	PROVIDER OR SUPPLIER AN CARE CENTER OF RUTHERFORD COUNTY LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)		K	076	Christian Care Center of Rutherf County believes its current practivere in compliance with the application of the compliance with the application of this citation from the surveyors, the facility is taking the following additional actions: Corrective Actions for Targeted Residents On 8/12/12, the Maintenance Disected oxygen cylinders in the storage room. Identification of Other Residents Potential to be Affected On 8/12/12, the Maintenance Disected other oxygen storage locations and did not find any unoxygen cylinders. Systematic Changes The Maintenance Director and Disected of Nursing will in-service staff on 8/27/12 regarding proper storage securing of oxygen cylinders. Neithred staff will also be in-service proper storage of oxygen cylinder orientation.	irector executed lirector executed lirector executed	
	·	<u>,,,</u>					

DEPAR	TMENT OF HEALTH	I AND HUMAN SERVICES					: 08/20/2012 APPROVED
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					. 0938-0391
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/BUFFLIER/CL'A IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION IG C1 - MAIN	(X3) DATES COMPLI	URVEY
		448502	B. Wil	4 3_	···	nore	210042
NAME OF PROVIDER OR SUPPLIER				STE	REET ADDRESS, CITY, STATE, ZIP CODE	1 007.0	3/2012
CHRISTI	AN CARE CENTER C	F RUTHERFORD COUNTY LLC		2	02 ENON SPRINGS ROAD EAST MYRNA, TN 37167		
DX4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION FIX (EACH CORRECTIVE ACTION SHOULD SE			(76) COMPLETION DATE
	Medical gas storage protected in accord Standards for Healt (a) Oxygen storage 3,000 cu.ft. are enc separation. (b) Locations for su 3,000 cu.ft. are ver 4.3.1.1.2, 19.3.2.4 This STANDARD is Based on observatifacility falled to proteroom. The finding included Observation of room at 11:51 AM, reveal unsecured. This finding was acted ministrator and version of room at different curve and version of room at 11:51 AM, reveal administrator and versions.	and administration areas are ance with NFPA 99, h Care Facilities. locations of greater than losed by a one-hour pply systems of greater than led to the outside. NFPA 99 on, it was determined the act the medical gas storage.	K)76	Monitoring The Administrator, Director of Nu Assistance Director of Nursing, Cr Nurse and Maintenance Director visually check daily to ensure that oxygen cylinders are secured. An will be performed by the Director Nursing and results will be report the Performance Improvement Committee monthly. The Perford Improvement Committee consists Administrator, Director of Nursing, MD Coordinator, Medical Records Dir Maintenance Director, Social Serv Director, Dietary Manager, Housekeeping/Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Cand Consultant Pharmacist. Recommendations to be followed the facility's Director of Nursing a Administrator to assure compilant	narge will t the audit of ed to nance s of the g, s ector, vices e Director I up by nd	9/15/12
						•	